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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N18487

(1)

DOCUMENT # CENTER FOR CORPORATE AND FAMILY HEALTH, INC.

Principal Place of Business 4130 SALISBURY RD. #2150 JACKSONVILLE FL 32216

Mailing Address

4130 SALISBURY RD. #2150 JACKSONVILLE FL 32216

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 HAY 10 PM 3: 47



							3. Date Incorporated or Qua 12/29/1986	lified 3a.	Date of Last R 03/20/19	95
. Principal Place	of Business	2a. Mailing	Address				4. FEI Number		<b></b>	oplied For
]		26					59-2803959			ot Applicable
Suite, Apt. #,	etc.	Suite, A	pt #, etc.				5. Certificate of Status Desir	ed 🗀	T	Additional
]		27								equired
City & State		City & S	State			Ì	6. Election Campaign Finance	cing		May Be
ו ו		28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Cou	ntry	ŀ	8. This corporation has liabi	lity for intangibl Yes	e tax under s Filmo	199.032,
3	25	29		30			Florida Statutes  10. Name and Address of			
	9. Name and Address of Current	Registered A	gent		<b>84 1</b>		10. Name and Address of	MAN DEGISTO	ed Agent	
	_				81 Name					
MIKUS, MICHAEL 4130 SALISBURY RD							ress (P.O. Box Number is Not Acceptable)			
SUITE 21					83					
	MILLE FL 32216				<b>B4</b> City				- 85 Zr	Code
					'					
or registered familiar with	the provisions of Sections 617,0502 d agent, or both, in the State of Florid , and accept the obligations of, Section	on 617.0503, Fl	lorida Statutes.					he appointmer		agent. I am
SIGNOTORIE	ignature, typed or printed name of registered agust a		ТОИЈ	E Registere	d Agent signature		ADOITIONS/CHANGES	TO OFFICERS		RS IN 12
12.	OFFICERS AND		DOC! ETE	111			AAR WAA		Change	Addition
TITLE	D		DOELETE		-	14	AN EDWARD	5 _	<del>_</del>	
NAME	SMITH, RUSSELL A			121	IAME					
manc (						174	OWERSIDE !	4 N E		
1	519 NEWMAN ST.			135	TREET ADDRESS	13.	MIRMAN NN EDWARDS E RIVEREIDE	4 N E	. 2.4 74	n-2
STREET ADDRESS				135	DITY-ST-ZIP	19.	CKSONVILLE	FL	3226	
STREET ADDRESS CHTY-S1-ZIP	519 NEWMAN ST.		DELETE	135 140 211	TITLE	19.	cksonville	FL	3226 Change	Addition
STREET ADDRESS CITY - S1 - ZIP TITLE	519 NEWMAN ST. JACKSONVILLE FL 32202		DELETE	135 140 211 221	CITY-ST-ZIP TITLE NAME	JA	CKSONVILLE	FL		
STREET ADDRESS CITY-S1-ZIP TITLE NAME	519 NEWMAN ST. JACKSONVILLE FL 32202 D COLLIER, SHEILA		□ DELETE	135 140 211 221 23	CITY-ST-ZIP TTUE NAME STREET ADDRESS	JA	GRIVERSIDE C CKSOWVILLE	FL		
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oath; that I am an officer or director of the corporation or the receiver or trustee en appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1/18/96 (904) 281-0623